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VINCENT'S ANGINA OR TRENCH MOUTH

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During the past few months there have been a number of cases of Vincent's Angina or "Trench Mouth" under treatment at this office and a great deal of it, in town. The dentists and doctors working together with the city health officers, are doing their utmost to prevent any further spread of the disease. Because this is strictly a tourist town during the summer months, and hundreds of people come here from all over the country, it is impossible to prevent epidemics from appearing. Only by means of the strictest regulations on the part of the city health department are such epidemics prevented from being spread broadcast.

Here are a few facts about Vincent's Angina, that I gathered during the recent campaign against the disease that I, as a nurse, did not know, and which I think other nurses may be glad to know. Vincent's Angina is an infectious and contagious, ulcerative stomatitis due to the activities of the bacillus fusiformis and a long, thin spirillum easily identified by a microscopic or bacteriological examination. The two forms of microbes are invariably present at the same time. A microscopic examination will distinguish the bacillus from the Löffler or diphtheria bacillus which it somewhat resembles. The bacillus is sometimes found in healthy mouths, but is active only in cases of lowered resistance of the tissues. The most common source of communication is through the use of dishes which have not been thoroughly sterilized after being used by one suffering from the disease.

The onset of the disease is sudden and is characterized by considerable pain in the gum tissues, slight fever and a general debility. Surrounding the necks and between the teeth, more frequently the incisors and the third molars (it may be about only one tooth) may be found an irregular shaped, grayish or yellowish white necrotic membrane. Upon removal, a painful, freely bleeding surface is revealed. Mastication is painful and, if a large area is involved, practically impossible. The gums become a dark red and have a puffed appearance. If not checked in an early stage, there is sloughing of the tissues around the teeth. There is a general soreness and loosening of the teeth.

The disease also attacks the cheeks, lips, tonsils and larynx. The entire mouth is congested extending to the tonsils, fauces and soft

palate. One young lady suffered from a supposed attack of tonsillitis for almost a week before the disease was recognized. She carried a temperature of 102 degrees, with aching of the muscles and joints, tonsils red and slightly enlarged, with white patches here and there.

On the western battlefronts, "trench mouth" was one of the most common disabilities of the soldiers, incapacitating them for from three days to three weeks. There was some of it in the camps in this country.

One unfortunate thing about it, is that it will seemingly be entirely cured and will suddenly break out anew in another part of the mouth. While it is not pyorrhea, it may leave the gums in such an impaired condition that pyorrhea will readily follow.

The belief that the disease was due or was present more often in uncared for mouths has not proven true in this country. In the trenches the men were, of course, unable to observe the rules of sanitation, but here the disease is frequently found in the mouths of people who take excellent care of their teeth at all times. One young man, who has always taken splendid care of his teeth, traveled all over the war zone as a newspaper correspondent for eleven months without a trace of the disease. After he had been back at home for six months, he developed it in a most pernicious form. The only source to which he could attribute it was the use of glasses at soda fountains.

The treatment consists of first cleansing thoroughly the field of infection with peroxide undiluted, then cauterizing the places of attack with a solution of equal parts iodine and phenol. In advanced cases, a saturated solution of silver nitrate is used, and a 5 per cent. solution of sulphuric acid. Using a strong solution of soda to rinse the mouth directly afterward, has been found effective. A mouth wash of 3 per cent. peroxide is ordered before and after eating, and a nourishing diet of liquids and soft solids. The diet is very important, if healing is to take place properly. All mechanical irritation, such as brushing the teeth or eating hard toast is discontinued until one is fully cured.